

www.mass.gov/abcc

| LICENSE NU | MBER: 003000001 | | CITY OR TOWN ARLINGTON |
|------------------|--------------------------|--------------------------------|--|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | | CLASS | YEAR |
| DOING BUSI | | POST #39 THE AMER | ICAN LEGION INC. |
| | | STATE: MA | ZID CODE. 02474 |
| MANAGER: | : ARLINGTON MATTALIANO, | STATE: MA TYPE OF LICENSE: Vo | |
| | JOSEPH R. | | |
| EMAIL ADDI | RESS: | | |
| PEG CP IDTIO | | OUR WEBSITE AND ENTER YOUR I | EMAIL ADDRESS |
| | N OF LICENSED PRI | | DEA SECOND ELOOD ALL HALL |
| | | | REA,SECOND FLOOR ALL HALL. |
| · · | y and swear under pens | | e same premises now licensed; |
| | | • • | amonwealth relating to taxes; and |
| | - | n for business (If not exp | _ |
| | 1 | | , |
| SIGNED BY | | | |
| SIGNED BT | Individual, Pa | rtner or Authorized Corp | porate Officer |
| | | | |
| | | | |
| DATE: | TEI EDI | HONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| | TELET | HONE NUMBER. | (Note: NOT Individual Social Security Number) |
| | | | |
| | | | he certificate required by Chapter 304 of the add of the fire department for the above |
| | | | urance required by Chapter 116 of the Acts |
| Please Check Bel | ow: | | LOCAL LICENSING AUTHORITY |
| APPROVED: | | | By: |
| DISAPPROV | | | |
| (If disapprove | d explain) | | |
| | | | |
| DATE: | | | |
| | | | |
| ADDITION FOR | R RENEWAL MUST BE FILED |) BY LICENSEES DURING THE N | MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A) |



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| LICENSE NUI | MBER: 003000004 | | CITY OR TOWN ARLINGTON |
|---------------------|--------------------------|-------------------------------|---|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | | CLASS | YEAR |
| LICENSEE NA | AME: ARLINGTON | N CHAPTER #49 DISABL | ED AMERICAN VET, INC. |
| DOING BUSI | NESS A | | |
| ADDRESS 120 | 07 MASS AVE | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: 02476 |
| MANAGER: | PORCIELLO, STEPHEN J. | TYPE OF LICENSE: Vet | erans club CATEGORY: All Alcohol |
| EMAIL ADDR | RESS: | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS |
| | N OF LICENSED PR | | |
| ENTIRE FIRS' ROOMS. | T FLOOR MADE UI | P OF HALL,CANTEEN RO | OOM, GAME ROOM,THREE REST |
| I hereby certify | and swear under pen | alties of perjury that: | |
| 1. the | renewed license will | be of the same type for the | same premises now licensed; |
| 2. the | licensee has complied | l with all laws of the Comn | nonwealth relating to taxes; and |
| 3. the | premises are now ope | en for business (If not expla | in below) |
| | | | |
| SIGNED BY | | | |
| | Individual, Pa | artner or Authorized Corpo | orate Officer |
| | | | |
| | | | |
| DATE: | TELEP | HONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| | | | (Note: <u>NOT</u> Individual Social Security Number) |
| Acts of 2004, | signed by the building | ng inspector and the head | e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts |
| Please Check Belo | ow: | | LOCAL LICENSING AUTHORITY |
| APPROVED: | | | By: |
| DISAPPROVE | | | |
| (If disapproved | i expiaiii) | | |
| | | | |
| DATE: | | | |



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| LICENSE NUM | BER: 003000005 | | CITY OR TO | OWN ARLINGT | ON |
|---|---|-------------------------|---------------------|--|-------------|
| APPLICATION | FOR RENEWAL: | Annual | L | ICENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAM DOING BUSINE ADDRESS 600 I | | POST #1775 V.F.W. | OF U.S. INC. | | |
| CITY/TOWN: | | STATE: M | IA ZIP COD | DE: 02476 | |
| | | YPE OF LICENSE: | | CATEGORY: | All Alcohol |
| EMAIL ADDRE | SS: | | | | |
| | PLEASE ALSO VISIT OU | R WEBSITE AND ENTER YOU | UR EMAIL ADDRESS | | |
| DESCRIPTION | OF LICENSED PREM | MISES: | | | |
| ONE STORY FEROOMS. | RAME BLDG INCLU | DING MEETING H | IALL,CLUB ROC | OM AND THREE | REST |
| I hereby certify a | and swear under penalt | ies of perjury that: | | | |
| 1. the re | newed license will be | of the same type for | the same premise | s now licensed; | |
| | censee has complied w | | | ting to taxes; and | |
| 3. the pr | remises are now open | for business (If not e | xplain below) | | |
| SIGNED BY | Individual, Part | ner or Authorized Co | orporate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHO | ONE NUMBER: | | LOYER IDENTIFICATE OT Individual Social S | |
| Acts of 2004, sig | gned, attest that we a gned by the building and (2) the certificate | inspector and the l | nead of the fire do | epartment for the | above |
| Please Check Below | <u>:</u> | | LOCAL LI | CENSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED | | | | | |
| (If disapproved e | хріаш) | | _ | | |
| | | | | | |
| DATE: | | | | | |
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| LICENSE NU | MBER: 003000006 | | CITY OR TOWN ARL | LINGTON |
|---------------------------|-------------------------|-----------------------------|---|--|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED F | FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE N | AME: OLD ARLING | GTON RESTAURANT, | INC | |
| DOING BUSI | NESS A JIMMY'S ST | ΓEER HOUSE | | |
| ADDRESS 11 | 11 MASS. AVE | | | |
| CITY/TOWN | : ARLINGTON | STATE: MA | ZIP CODE: 024 | 76 |
| MANAGER: | MOONEY, MICHAEL | TYPE OF LICENSE: R | destaurant CATEG | ORY: All Alcohol |
| EMAIL ADD | RESS: | | | |
| | PLEASE ALSO VISIT (| OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PR | EMISES: | | |
| FIRST FLOO | R DINING AREAS A | ND LOUNGE BASEME | ENT STORAGE. | |
| I hereby certif | y and swear under pen | alties of perjury that: | | |
| 1. the | renewed license will b | be of the same type for the | ne same premises now licens | sed; |
| 2. the | licensee has complied | with all laws of the Cor | nmonwealth relating to taxes | s; and |
| 3. the | premises are now ope | n for business (If not exp | plain below) | |
| SIGNED BY | | artner or Authorized Cor | porate Officer | |
| DATE. | | | | |
| DATE: | TELEP) | HONE NUMBER: | | FIFICATION NUMBER: Social Security Number) |
| Acts of 2004, | , signed by the buildir | ng inspector and the he | the certificate required by ad of the fire department f surance required by Chapt | for the above |
| Please Check Bel | | | LOCAL LICENSING A | AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROV. (If disapprove | | | | |
| (ii disappiove | а слушн) | | | |
| DATE: | | | | |
| DATE: | | | | |
| APPLICATION FO | R RENEWAL MUST BE FILED | BY LICENSEES DURING THE | MONTH OF NOVEMBER (M.G.L. Ch | n. 138 \$ 16A) |



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| LICENSE NUMBI | ER: 003000007 | | CI | I Y OK TOWN | AKLINGT | ON |
|--------------------------------|---------------------------|--|------------|-----------------|---------------|------------------|
| APPLICATION F | OR RENEWAL: | Annual | | LICEN | ISED FOR 20 | 013 |
| | | CLASS | S | | | YEAR |
| LICENSEE NAMI DOING BUSINES | | R COUNTRY CLU | В | | | |
| ADDRESS 468 M | YSTIC ST | | | | | |
| CITY/TOWN: Al | RLINGTON | STATE: | MA | ZIP CODE: | 02474 | |
| MANAGER: GR | RANDON , IARLES A. III | TYPE OF LICENS | E:Club | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS | S: | | | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER Y | OUR EMAIL | ADDRESS | | _ |
| DESCRIPTION O | F LICENSED PRI | EMISES: | | | | |
| LOUNGE,CLUBH | IOUSE.PORCH,T | TEA ROOM,GRILL ERRACES ADJACI LOUNGE,MENS A | ENT TO | POOL,ALL ON | | |
| I hereby certify and | d swear under pena | alties of perjury that: | | | | |
| 1. the rene | ewed license will b | e of the same type fo | or the san | ne premises nov | v licensed; | |
| 2. the lice | nsee has complied | with all laws of the | Common | wealth relating | to taxes; and | |
| 3. the pren | nises are now oper | n for business (If not | explain l | pelow) | | |
| SIGNED BY | Individual, Par | rtner or Authorized (| Corporate | Officer | | |
| DATE: | | YOME AND OBED | | EMDI OVE | D IDENTIFICAT | TION NUMBER: |
| <i>51112</i> . | IELEPF | HONE NUMBER: | | | | Security Number) |
| Acts of 2004, sign | ned by the buildin | e are in possession (g inspector and the te of liquor liability | head of | the fire depart | ment for the | above |
| Please Check Below: | | | I | OCAL LICEN | SING AUTH | ORITY |
| APPROVED: | | | | By: | | |
| DISAPPROVED: | | | | | | |
| (If disapproved exp | plain) | | - | | | |
| | | | - | | | |
| DATE: | | | - | | | |
| ייייי. | | | | | | |



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| LICENSE NU | MBER: 003000008 | | CITY OR TOWN ARLINGTON |
|------------------|---------------------------|------------------------------|--|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | | CLASS | YEAR |
| LICENSEE N. | AME: ARLINGTON E | ELKS BUILDING CORP | |
| DOING BUSI | NESS A | | |
| ADDRESS 56 | POND LANE | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: 02474 |
| MANAGER: | SCHANDA, T JOSEPH | YPE OF LICENSE: Club | CATEGORY: All Alcohol |
| EMAIL ADDI | RESS: | | |
| | PLEASE ALSO VISIT OUI | R WEBSITE AND ENTER YOUR EM. | AIL ADDRESS |
| DESCRIPTIO | N OF LICENSED PREM | MISES: | |
| GRILL ROOM | I,MAIN HALL,UPSTA | IRS LOUNGE. | |
| I hereby certify | y and swear under penalt | ies of perjury that: | |
| 1. the | renewed license will be | of the same type for the s | same premises now licensed; |
| 2. the | licensee has complied w | vith all laws of the Comm | onwealth relating to taxes; and |
| 3. the | premises are now open to | for business (If not explain | in below) |
| SIGNED BY | Individual, Parti | ner or Authorized Corpor | rate Officer |
| DATE: | TELEPHO | ONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |
| Acts of 2004, | signed by the building | inspector and the head | certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts |
| Please Check Bel | ow: | | LOCAL LICENSING AUTHORITY |
| APPROVED: | | | By: |
| DISAPPROVI | | | |
| (If disapproved | a explain) | | |
| | | | |
| DATE: | | | |
| | | | |
| APPLICATION FOR | R RENEWAL MUST BE FILED B | Y LICENSEES DURING THE MO | NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A) |



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| LICENSE NU | MBER: 003000009 | (| CITY OR TOWN ARLING | ON |
|-------------------|---|-------------------------|---|-------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2 | 2013 |
| | | CLASS | | YEAR |
| DOING BUSI | AME: ALOSIA CLUB INC NESS A PRENTISS RD | | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: | CACCAVARO,THO TYPE MAS JR. | OF LICENSE: Club | CATEGORY | All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR EMA | IL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PREMISE | ES: | | |
| LOWER LEV | EL MEMBERS CLUB AREA | A AND LOUNGE. S | STREET LEVEL FUNCTION | ROOM. |
| I hereby certify | y and swear under penalties o | f perjury that: | | |
| 1. the | renewed license will be of th | e same type for the sa | ame premises now licensed; | |
| 2. the | licensee has complied with a | ll laws of the Commo | onwealth relating to taxes; and | |
| 3. the | premises are now open for be | usiness (If not explain | n below) | |
| SIGNED BY | Individual, Partner o | r Authorized Corpora | ate Officer | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYER IDENTIFICA (Note: NOT Individual Social | |
| Acts of 2004, | signed by the building insp | ector and the head | certificate required by Chap of the fire department for the nnce required by Chapter 11 | e above |
| Please Check Belo | ow: | | LOCAL LICENSING AUTH | IORITY |
| APPROVED: | | | By: | |
| DISAPPROVI | | | | |
| (If disapproved | ı expiaiii) | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOR | R RENEWAL MUST BE FILED BY LIC | ENSEES DURING THE MO | NTH OF NOVEMBER (M.G.L. Ch. 138 \$ | 16A) |



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| LICENSE NUI | MBER: 003000010 | | CITY OR TOWN ARLI | NOTON |
|-------------------|------------------------|---------------------------|---|---|
| APPLICATION | N FOR RENEWAL: | Annual | LICENSED FO | OR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: COLUMBUS | CLUB INC. OF ARLI | NGTON MASS. | |
| DOING BUSIN | NESS A | | | |
| ADDRESS 15 | WINSLOW ST | | | |
| CITY/TOWN: | ARLINGTON | STATE: M | A ZIP CODE: 0247 | 4 |
| MANAGER: | MEADOWS, STEVEN | TYPE OF LICENSE: | Club CATEGO | DRY: All Alcohol |
| EMAIL ADDR | RESS: | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOU | IR EMAIL ADDRESS | |
| DESCRIPTION | N OF LICENSED PRI | EMISES: | | |
| UPSTAIRS FU | INCTION ROOM AN | D DOWNSTAIRS LO | OUNGE | |
| I hereby certify | and swear under pena | alties of perjury that: | | |
| 1. the | renewed license will b | e of the same type for | the same premises now license | d; |
| 2. the | licensee has complied | with all laws of the Co | ommonwealth relating to taxes; | and |
| 3. the | premises are now oper | n for business (If not ex | xplain below) | |
| SIGNED BY | Individual, Pa | rtner or Authorized Co | orporate Officer | |
| DATE: | TELEPI | HONE NUMBER: | EMPLOYER IDENTI (Note: <u>NOT</u> Individual S | FICATION NUMBER: ocial Security Number) |
| Acts of 2004, | signed by the buildin | g inspector and the h | the certificate required by C ead of the fire department fo nsurance required by Chapte | r the above |
| Please Check Belo | ow: | | LOCAL LICENSING A | UTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVE | | | | |
| (If disapproved | l explain) | | | |
| | | | | |
| DATE: | | | | |
| | | | | |
| APPLICATION FOR | RENEWAL MUST BE FILED | BY LICENSEES DURING TH | E MONTH OF NOVEMBER (M.G.L. Ch. | 138 \$ 16A) |



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| LICENSE NU | MBER: 003000011 | | CITY OR TOWN AR | LINGTON |
|------------------|---------------------------------------|-------------------------------------|--|--|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED | FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE N. | AME: CHANG ME | EI, INC. | | |
| DOING BUSI | NESS A SHANGHA | AI VILLAGE RESTAURA | ANT | |
| ADDRESS 43 | 34-36 MASS. AVE. | | | |
| CITY/TOWN: | : ARLINGTON | STATE: MA | ZIP CODE: 02 | 2474 |
| MANAGER: | LO, CHUN-MEI TSAI | TYPE OF LICENSE:R | estaurant CATE | GORY: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| DESCRIPTIO | PLEASE ALSO VISTO N OF LICENSED PI | OUR WEBSITE AND ENTER YOUR REMISES: | EMAIL ADDRESS | |
| I hereby certify | y and swear under pe | nalties of perjury that: | | |
| • | • | - · · | ne same premises now licer | nsed; |
| 2. the | licensee has complie | ed with all laws of the Con | nmonwealth relating to tax | es; and |
| 3. the | premises are now op | en for business (If not exp | plain below) | |
| SIGNED BY | Individual, F | Partner or Authorized Corp | porate Officer | |
| | | | | |
| DATE: | TELEI | PHONE NUMBER: | | NTIFICATION NUMBER: al Social Security Number) |
| Acts of 2004, | signed by the build | ing inspector and the he | he certificate required by ad of the fire department surance required by Cha | for the above |
| Please Check Bel | ow: | | LOCAL LICENSING | AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVI | | | | |
| (If disapproved | u expiain) | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOI | R RENEWAL MUST BE FILI | ED BY LICENSEES DURING THE | MONTH OF NOVEMBER (M.G.L. | Ch. 138 \$ 16A) |



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| LICENSE NUMBE | R: 003000015 | | CITY OR TOWN ARLINGTO | ON |
|----------------------|--|------------------------|--|--------------------------|
| APPLICATION FO | OR RENEWAL: | Annual | LICENSED FOR 20 |)13 |
| | | CLASS | | YEAR |
| DOING BUSINESS | : KATHMANDU SP S A ASSACHUSETTS AV | | ΓINC. | |
| | | | 7ID CODE: 02474 | |
| CITY/TOWN: AR | | STATE: MA | ZIP CODE: 02474 | |
| MANAGER: Mar | nandhar, Binay TYP | E OF LICENSE: Re | staurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS | : | | | |
| | PLEASE ALSO VISIT OUR WE | BSITE AND ENTER YOUR E | MAIL ADDRESS | |
| DESCRIPTION OF | F LICENSED PREMIS | ES: | | |
| ONE DINING ROO | OM, FIRST FLOOR SI | EATING CAPACIT | Y OF 63 | |
| I hereby certify and | swear under penalties | of perjury that: | | |
| 1. the renev | wed license will be of t | he same type for the | same premises now licensed; | |
| 2. the licen | see has complied with | all laws of the Com | nonwealth relating to taxes; and | |
| 3. the prem | nises are now open for | business (If not expl | ain below) | |
| SIGNED BY | Individual, Partner | or Authorized Corpo | orate Officer | |
| DATE: | TELEPHONI | E NUMBER: | EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S | |
| Acts of 2004, signe | ed by the building ins | pector and the head | e certificate required by Chapt d of the fire department for the rance required by Chapter 116 | above |
| Please Check Below: | | | LOCAL LICENSING AUTHO | ORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | Loin) | | | |
| (If disapproved exp | iain) | | | |
| | | | | |
| DATE: | | | - | |
| APPLICATION FOR RENE | EWAL MUST BE FILED BY LI | CENSEES DURING THE M | ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10 | 5A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBEI | R: 003000017 | | CITY OR TOWN | ARLINGT | ON |
|---|---|---|---|----------------|--------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICE | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| DOING BUSINESS | BORETOS CORPO A ARLINGTON RE SSACHUSETTS AV | ESTAURANT & | DINER | | |
| CITY/TOWN: ARI | LINGTON | STATE: M | A ZIP CODE: | 02474 | |
| MANAGER: Bore Ther | etos, TYF mistoklis | PE OF LICENSE: | Restaurant C | CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| DESCRIPTION OF | PLEASE ALSO VISIT OUR WE LICENSED PREMIS | | IR EMAIL ADDRESS | | |
| the renew the licens | | the same type for all laws of the Co | the same premises nov ommonwealth relating xplain below) | | |
| SIGNED BY | Individual, Partner | or Authorized Co | orporate Officer | | |
| DATE: | TELEPHON | E NUMBER: | | ER IDENTIFICAT | |
| Acts of 2004, signe | d by the building ins | spector and the h | the certificate requi lead of the fire depar nsurance required by | tment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl | ain) | | LOCAL LICEN By: | SING AUTH | ORITY |
| DATE: | | | | | |



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| LICENSE NU | MBER: 003000018 | (| CITY OR TOWN ARLINGTO | ON |
|-------------------------------|-----------------------------------|-------------------------------|---|--------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 20 | 013 |
| | | CLASS | | YEAR |
| | AME: MINT 76 INC. NESS A SABZI | | | |
| ADDRESS 35 | 2A MASSACHUSETT | S AVE | | |
| CITY/TOWN: | : ARLINGTON | STATE: MA | ZIP CODE: 02474 | |
| MANAGER: | KHOSROWDAD, MEHRAN | ΓΥΡΕ OF LICENSE: Resta | aurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDI | RESS: | | | |
| | | UR WEBSITE AND ENTER YOUR EMA | AIL ADDRESS | |
| - | N OF LICENSED PRE | | 7.OF 10 | |
| ONE DINING | ROOM, FIRST FLOO | R, SEATING CAPACITY | OF 19 | |
| | | | | |
| 3. the SIGNED BY | <u> </u> | for business (If not explai | | |
| DATE: | TELEDII | ONE NUMBER | EMPLOYER IDENTIFICAT | ION NUMBER: |
| | TELEPH | ONE NUMBER: | (Note: NOT Individual Social S | |
| Acts of 2004, | signed by the building | inspector and the head | certificate required by Chapt of the fire department for the ance required by Chapter 116 | above |
| Please Check Belo | | | LOCAL LICENSING AUTHO | ORITY |
| APPROVED: | | | By: | |
| DISAPPROVI (If disapproved | | | | |
| (| / | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 003000019 | | CITY OR TOWN | ARLINGTO | ON |
|---|---|---|--------------|-------------|
| APPLICATION FOR RENEWAL: | Annual | LICENS | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: SAGAR RESTAUL | RANT CORP. | | | |
| DOING BUSINESS A PUNJABI TADK | A | | | |
| ADDRESS 444 MASSACHUSETTS AV | E | | | |
| CITY/TOWN: ARLINGTON | STATE: MA | ZIP CODE: | 02474 | |
| MANAGER: KUMAR, ANIL TYPE | PE OF LICENSE: Res | taurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| DESCRIPTION OF LICENSED PREMISE 2248 SQ FTBASEMENT STORAGE, II I hereby certify and swear under penalties 1. the renewed license will be of the second | of perjury that: the same type for the all laws of the Comm | AND BACK OF RI same premises now nonwealth relating to in below) | licensed; | T |
| DATE: TELEPHON | E NUMBER: | EMPLOYER (Note: <u>NOT</u> Indi | | ION NUMBER: |
| We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. | spector and the head | of the fire departn | nent for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS | ING AUTHO | ORITY |
| DATE: | | | | |



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| LICENSE NUI | MBER: 003000022 | | CITY OR TOWN ARLINGTO | ON |
|---------------------------------------|--------------------------------------|--------------------------|--|--------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 20 |)13 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: SWEET CHILI CO | ORPORATION | | |
| DOING BUSI | NESS A SWEET CHILI I | RESTAURANT | | |
| ADDRESS 470 | 0-72 MASSACHUSETTS | AVE | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: 02474 | |
| MANAGER: | KRIDARATIKORN, TY VEERADED | PE OF LICENSE: Res | aurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDR | RESS: | | | |
| | | EBSITE AND ENTER YOUR EM | AIL ADDRESS | |
| | N OF LICENSED PREMI R DINING ROOM | SES: | | |
| | | | | |
| | | | | |
| | premises are now open for | | | |
| DATE: | TELEPHON | JE NUMBER: | EMPLOYER IDENTIFICAT | ION NUMBER: |
| | TEEE HOI | CE IVONIDER. | (Note: NOT Individual Social S | ecurity Number) |
| Acts of 2004, | signed by the building in | spector and the head | certificate required by Chapto of the fire department for the ance required by Chapter 116 | above |
| Please Check Belo | | | LOCAL LICENSING AUTHO | ORITY |
| APPROVED: | | | By: | |
| DISAPPROVE (If disapproved | | | | |
| · · · · · · · · · · · · · · · · · · · | ı , | | | |
| | | | | |
| DATE: | | | | |



www.mass.gov/abcc

| LICENSE NU | MBER: 003000023 | | CITY OR TOWN | ARLINGTON |
|------------------|---------------------------|---------------------------|-------------------------|--|
| APPLICATIO | ON FOR RENEWAL: | Annual | LICENS | ED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE N | AME: BERNARDO'S | RESTAURANT,LLC | | |
| DOING BUSI | NESS A RISTORANT | E OLIVIO | | |
| ADDRESS 19 | 93-201 MASSACHUSE | TTS AVE. | | |
| CITY/TOWN | : ARLINGTON | STATE: MA | ZIP CODE: | 02474 |
| MANAGER: | DIGIROLAMO, ANGELO | ΓΥΡΕ OF LICENSE: R | Restaurant CA' | TEGORY: All Alcohol |
| EMAIL ADD | RESS: | | | |
| | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTIO | ON OF LICENSED PRE | MISES: | | |
| 3200 S/F, 110 | SEAT RESTAURANT | AND BAR W/ 10 SE | ATS - TOTAL 120 SEA | ATS. |
| I hereby certif | y and swear under penal | ties of perjury that: | | |
| 1. the | renewed license will be | of the same type for the | ne same premises now li | icensed; |
| 2. the | licensee has complied v | with all laws of the Cor | nmonwealth relating to | taxes; and |
| 3. the | premises are now open | for business (If not ex | plain below) | |
| SIGNED BY | | tner or Authorized Cor | porate Officer | |
| | | | | |
| DATE: | TELEPH | ONE NUMBER: | | DENTIFICATION NUMBER: ridual Social Security Number) |
| Acts of 2004, | , signed by the building | ginspector and the he | ad of the fire departm | l by Chapter 304 of the ent for the above hapter 116 of the Acts |
| Please Check Bel | | | LOCAL LICENSII | NG AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROV | | | | |
| (If disapprove | a expiain) | | - | |
| | | | | |
| DATE: | | | | |
| APPLICATION FO | R RENEWAL MUST BE FILED I | BY LICENSEES DURING THE | MONTH OF NOVEMBER (M.C | G.L. Ch. 138 \$ 16A) |



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| LICENSE NUMBE | r: 003000024 | | CITY OR TOWN ARLINGT | ON |
|--|--|---|---|--|
| APPLICATION FC | OR RENEWAL: | Annual | LICENSED FOR 2 | 013 |
| | | CLASS | | YEAR |
| LICENSEE NAME | : MURAKI CORPO | ORATION | | |
| DOING BUSINESS | S A TORAYA REST | CAURANT | | |
| ADDRESS 890 MA | ASSACHUSETTS A | VE | | |
| CITY/TOWN: AR | LINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: FOS | | PE OF LICENSE: Re | staurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS | : | | | |
| | | VEBSITE AND ENTER YOUR E | MAIL ADDRESS | |
| | F LICENSED PREMI | | | |
| ONE DINING ROC | OM ON FIRST FLOO | JK | | |
| | | | | |
| 2. the licen 3. the prem SIGNED BY | isee has complied with hises are now open for Individual, Partne | h all laws of the Com r business (If not expl er or Authorized Corp | orate Officer | |
| DATE: | TELEPHON | NE NUMBER: | EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social | |
| Acts of 2004, signonamed license and of 2010. Please Check Below: | ed by the building in | spector and the hea | e certificate required by Chap d of the fire department for the trance required by Chapter 11 LOCAL LICENSING AUTH | ter 304 of the e above 6 of the Acts |
| APPROVED: DISAPPROVED: (If disapproved exp | Lain) | | By: | |
| DITTE. | | | | |



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| LICENSE NUMBER: 003 | 000025 | | CITY | OR TOWN | ARLINGT | ON |
|---|-----------------------|-----------------|--------------|---------------|-------------------|------------------|
| APPLICATION FOR REN | NEWAL: | Annua | l | LICEN | ISED FOR 20 | 013 |
| | | CLASS | S | | | YEAR |
| LICENSEE NAME: NO DOING BUSINESS A NO | | | IC. | | | |
| ADDRESS 645 MASSAC | HUSETTS AVE | | | | | |
| CITY/TOWN: ARLING | ΓΟΝ | STATE: | MA Z | IP CODE: | 02476 | |
| MANAGER: LOWRE, I | PETER TYPE | OF LICENS | E:Restaurar | nt C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| PLEASE | E ALSO VISIT OUR WEBS | ITE AND ENTER Y | OUR EMAIL AD | DRESS | | |
| DESCRIPTION OF LICES FIRST FLOOR DINING F | | S: | | | | |
| | | | | | | |
| | | | | | | |
| I hereby certify and swear | under penalties of | perjury that: | | | | |
| 1. the renewed lice | - | | | premises nov | v licensed; | |
| 2. the licensee has | s complied with all | l laws of the | Commonwe | alth relating | to taxes; and | |
| 3. the premises are | e now open for bu | siness (If not | explain bel | ow) | | |
| | | | | | | |
| SIGNED BY Indi | ividual, Partner or | Authorized (| Corporate C | Officer | | |
| | , | | • | | | |
| | | | | | | |
| DATE: | TELEPHONE I | NUMBER: | | EMPLOYE | R IDENTIFICAT | TION NUMBER: |
| | | | | (Note: NOT In | dividual Social S | Security Number) |
| We the undersigned, atto Acts of 2004, signed by t named license and (2) th of 2010. | he building inspe | ctor and the | head of th | e fire depart | ment for the | above |
| Please Check Below: | | | LO | CAL LICEN | SING AUTH | ORITY |
| APPROVED: DISAPPROVED: | | | By: | | | |
| (If disapproved explain) | | | | | | |
| • , | | | | | | |
| | | | | | | |
| DATE: | | | | | | |



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| LICENSE NUME | 3ER: 003000026 | | CITY OR TOWN | ARLINGTON |
|---------------------|---|-------------------------|-----------------------|---|
| APPLICATION I | FOR RENEWAL: | Annual | LICEN | ISED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAM | ME: EL TANGO, INC. | | | |
| DOING BUSINE | ESS A TANGO RESTA | URANT | | |
| ADDRESS 464 N | MASSACHUSETTS AV | /E. | | |
| CITY/TOWN: A | ARLINGTON | STATE: MA | ZIP CODE: | 02474 |
| | MERMET, TY | PE OF LICENSE: Re | estaurant C. | ATEGORY: All Alcohol |
| EMAIL ADDRES | SS: | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR F | EMAIL ADDRESS | |
| DESCRIPTION (| OF LICENSED PREMI | SES: | | |
| | ne room stores on the gr tock, storage and food pr | | e entrances and exits | at front and rear of |
| I hereby certify an | nd swear under penalties | s of perjury that: | | |
| 1. the rer | newed license will be of | the same type for the | e same premises now | licensed; |
| 2. the lice | ensee has complied with | all laws of the Com | monwealth relating t | o taxes; and |
| 3. the pre | emises are now open for | business (If not exp | lain below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, Partner | r or Authorized Corp | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHON | NE NUMBER: | | R IDENTIFICATION NUMBER: |
| | | | (Note: NOT Inc | dividual Social Security Number) |
| Acts of 2004, sig | gned by the building in | spector and the hea | d of the fire depart | ed by Chapter 304 of the ment for the above Chapter 116 of the Acts |
| Please Check Below: | | | LOCAL LICENS | SING AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED | · | | | |
| (If disapproved ex | xpiain) | | | |
| | | | - | |
| DATE: | | | | |
| | | | | |



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| LICENSE NUN | MBER: 003000028 | | CITY OR TOWN | ARLINGTO | ON |
|--------------------|---|--------------------------|-----------------------|--------------------|--------------------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | , | YEAR |
| LICENSEE NA | ME: C & P PIZZA, I | NC | | | |
| DOING BUSIN | NESS A ZA | | | | |
| ADDRESS 138 | MASSACHUSETTS . | AVE. | | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: | 02474 | |
| | MCCARTHY, TPETER J. | ΓΥΡΕ OF LICENSE: R | estaurant C. | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDR | ESS: | | | | |
| | PLEASE ALSO VISIT OU | R WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION | N OF LICENSED PRE | MISES: | | | |
| | T 138-40 MASS. AVE. LTON ST. & MASS. A | | | | |
| I hereby certify | and swear under penal | ties of perjury that: | | | |
| 1. the r | enewed license will be | of the same type for th | e same premises now | licensed; | |
| 2. the 1 | icensee has complied w | with all laws of the Com | nmonwealth relating t | o taxes; and | |
| 3. the p | premises are now open | for business (If not exp | lain below) | | |
| | | | | | |
| SIGNED BY | | | | | |
| | Individual, Part | ner or Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHO | ONE NUMBER: | EMPLOYER | R IDENTIFICATI | ION NUMBER: |
| | | | (Note: NOT Inc | dividual Social Se | ecurity Number) |
| Acts of 2004, s | signed, attest that we signed by the building and (2) the certificate | inspector and the hea | nd of the fire depart | ment for the | above |
| Please Check Below | w: | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVE | | | | | |
| (If disapproved | explain) | | | | |
| | | | | | |
| DATE: | | | | | |
| D.111. | | | | | |



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| LICENSE NUMBER: 003000030 | | CITY OR TOWN | ARLINGTO | ON |
|---|------------------------------|-----------------------|---------------------|-------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: Y Plus Y, Inc | | | | |
| DOING BUSINESS A FUSION TAS | STE | | | |
| ADDRESS 303A-5 BROADWAY | | | | |
| CITY/TOWN: ARLINGTON | STATE: MA | ZIP CODE: | 02474 | |
| MANAGER: Ye, Jason Zhen | TYPE OF LICENSE: Res | taurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR EM | AIL ADDRESS | | 1 |
| DESCRIPTION OF LICENSED PRE | MISES: | | | |
| | | | | |
| I hereby certify and swear under penal | | | | |
| 1. the renewed license will be | e of the same type for the | same premises now | licensed; | |
| 2. the licensee has complied v | with all laws of the Comm | nonwealth relating to | taxes; and | |
| 3. the premises are now open | for business (If not expla | in below) | | |
| | | | | |
| SIGNED BY | | | | |
| Individual, Par | tner or Authorized Corpo | rate Officer | | |
| | | | | |
| | | | | |
| DATE: TELEBRA | IONE NUMBER: | EMPLOYER | DENTIFICAT | ION NUMBER: |
| TELEFTI | ONE NUMBER. | (Note: NOT Ind | | |
| | | | | |
| We the undersigned, attest that we | | - | | |
| Acts of 2004, signed by the building named license and (2) the certificat | | | | |
| of 2010. | c of fiquor hability filsur | ance required by | Chapter 110 | of the Acts |
| Please Check Below: | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | By: | 11.0710111 | |
| DISAPPROVED: | | _ , . | | |
| (If disapproved explain) | | | | |
| | | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOR RENEWAL MUST BE FILED | BY LICENSEES DURING THE MO | ONTH OF NOVEMBER (M | .G.L. Ch. 138 \$ 16 | 5A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 003000031 | | CITY OR TOWN ARLING! | ON |
|---|-------------------------------|---|--------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2 | .013 |
| | CLASS | | YEAR |
| LICENSEE NAME: LARTINO,LL | C | | |
| DOING BUSINESS A BUONA VIT | ZA CONTRACTOR | | |
| ADDRESS 450 MASSACHUSETTS | SAVE | | |
| CITY/TOWN: ARLINGTON | STATE: MA | ZIP CODE: 02474 | |
| MANAGER: GUARINO,GIUSEP PE | TYPE OF LICENSE: Rest | caurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | |
| | OUR WEBSITE AND ENTER YOUR EM | AIL ADDRESS | |
| DESCRIPTION OF LICENSED PRE | | | |
| ONE MAIN DINING AREA WITH RESTROOM AT RIGHT REAR. SE RESTROOM AT THE LEFT REAR | PARATE KITCHEN ON | | |
| 3. the premises are now oper | with all laws of the Comm | onwealth relating to taxes; and | |
| SIGNED BY Individual, Pa | rtner or Authorized Corpor | rate Officer | |
| | | | |
| DATE: TELEPH | HONE NUMBER: | EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social | |
| We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010. | g inspector and the head | of the fire department for the | e above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AUTH By: | ORITY |
| | | | |
| DATE: | | _ | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMB | ER: 003000032 | | CITY OR TOWN ARLING | ΓON |
|---------------------------------|---------------------------|-------------------------|----------------------------------|-------------------------|
| APPLICATION F | OR RENEWAL: | Annual | LICENSED FOR 2 | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAM | E: JADE GARDEN, I | NC. | | |
| DOING BUSINES | SS A JADE GARDEN | | | |
| ADDRESS 1360 I | MASSACHUSETTS AV | VE | | |
| CITY/TOWN: A | RLINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: W | ONG,JENNIFER TYP | 'E OF LICENSE:Re | staurant CATEGORY | : Wine and Malt Regular |
| EMAIL ADDRES | SS: | | | |
| | PLEASE ALSO VISIT OUR WE | EBSITE AND ENTER YOUR E | MAIL ADDRESS | |
| | OF LICENSED PREMIS | | | |
| FLOOR SPACE I | S 2300 SQ FT, SEATIN | IG CAPACITY IS 6 | 8 SEATS | |
| | | | | - |
| I hereby certify an | d swear under penalties | of perjury that: | | |
| | | • • | same premises now licensed; | |
| | • | | monwealth relating to taxes; and | |
| 3. the pre | mises are now open for | business (If not expl | ain below) | |
| GIGNED DV | | | | |
| SIGNED BY | Individual, Partner | or Authorized Corpo | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHONI | E NUMBER: | EMPLOYER IDENTIFICA | ATION NUMBER: |
| | | | (Note: NOT Individual Social | Security Number) |
| We the undersign | ned attact that we are | in necession (1) th | e certificate required by Chap | oter 301 of the |
| Acts of 2004, sign | ned by the building ins | spector and the hea | d of the fire department for th | e above |
| named license ar of 2010. | nd (2) the certificate of | liquor liability insu | rance required by Chapter 11 | 6 of the Acts |
| Please Check Below: | | | LOCAL LICENSING AUTH | HORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: (If disapproved ex | | | | |
| (11 disappioved ex | .p.α <i>)</i> | | | |
| | | | | |
| DATE: | | | | |
| | | | | |



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| LICENSE NU | MBER: 003000034 | | CITY OR TOWN ARLINGT | ON |
|-------------------------------|--------------------------|-----------------------------|--|--------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2 | 013 |
| | | CLASS | | YEAR |
| | AME: HOPE COLOR | INC | | |
| ADDRESS 69 | 3 MASSACHUSETTS | AVE | | |
| CITY/TOWN: | : ARLINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: | HAE HYUNG AHN, DANIEL | TYPE OF LICENSE: Res | taurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDI | RESS: | | | |
| | | R WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | |
| | N OF LICENSED PRE | MISES: | | |
| 80 SEAT, SID | DEWALK LEVEL | | | |
| | | | | |
| 3. the SIGNED BY | • | for business (If not expla | | |
| DATE: | TELEDIA | | EMPLOYER IDENTIFICA | TION NUMBER: |
| 211121 | TELEPH | ONE NUMBER: | (Note: NOT Individual Social S | |
| Acts of 2004, | signed by the building | inspector and the head | certificate required by Chapt of the fire department for the rance required by Chapter 110 | above |
| Please Check Bel | ow: | | LOCAL LICENSING AUTH | ORITY |
| APPROVED: | | | By: | |
| DISAPPROVI (If disapproved | | | | |
| (11 disupproved | а слуши) | | | |
| | | | | |
| DATE: | | | | |



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| LICENSE NU | MBER: 003000036 | | CITY OR TOWN ARLING | GION |
|------------------------------|-------------------------------------|---|---|----------------|
| APPLICATIO | N FOR RENEWAL | : Annual | LICENSED FOR | 2 2013 |
| | | CLASS | | YEAR |
| LICENSEE N. | AME: FROLIC DI | NER, INC. | | |
| DOING BUSI | NESS A FLORA | | | |
| ADDRESS 19 | 0-92 MASS AVE | | | |
| CITY/TOWN: | : ARLINGTON | STATE: MA | ZIP CODE: 02474 | |
| MANAGER: | ROBERT W. SARGENT | TYPE OF LICENSE: R | destaurant CATEGOR | Y: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| DESCRIPTIO | PLEASE ALSO VISI N OF LICENSED P | T OUR WEBSITE AND ENTER YOUR PREMISES: | EMAIL ADDRESS | |
| I hereby certify | y and swear under pe | enalties of perjury that: | | |
| , | - | - v • | ne same premises now licensed; | |
| 2. the | licensee has complie | ed with all laws of the Cor | nmonwealth relating to taxes; ar | nd |
| 3. the | premises are now of | pen for business (If not exp | plain below) | |
| SIGNED BY | Individual, | Partner or Authorized Cor | porate Officer | |
| | | | | |
| | | | | |
| DATE: | TELE | PHONE NUMBER: | EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci | |
| Acts of 2004, | signed by the build | ling inspector and the he | the certificate required by Cha ad of the fire department for t surance required by Chapter | the above |
| Please Check Bel | | | LOCAL LICENSING AUT | ΓHORITY |
| APPROVED: | | | By: | |
| DISAPPROVI (If disapprove | 1 | | | |
| (11 disappiove | u capiani <i>)</i> | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOR | R RENEWAL MUST BE FIL | ED BY LICENSEES DURING THE | MONTH OF NOVEMBER (M.G.L. Ch. 138 | 3 \$ 16A) |



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| LICENSE NUMBE | R: 003000037 | | CITY OR TOWN ARLING | TON |
|---|--------------------------------------|---------------------------------------|---|-------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME | : ZOCALO, LL | .C | | |
| DOING BUSINESS | S A ZOCALO C | OCINA MEXICANA | | |
| ADDRESS 203A-B | BROADWAY | | | |
| CITY/TOWN: AR | LINGTON | STATE: MA | ZIP CODE: 02474 | |
| | ONNELL, ATHER | TYPE OF LICENSE: R | Restaurant CATEGORY | : Wine and Malt Regular |
| EMAIL ADDRESS | : | | | |
| DESCRIPTION OF | | OUR WEBSITE AND ENTER YOUR EMISES: | EMAIL ADDRESS | |
| the renev the licen | wed license will be see has complied | * * | ne same premises now licensed; nmonwealth relating to taxes; and plain below) | I |
| SIGNED BY | Individual, Pa | artner or Authorized Cor | porate Officer | |
| DATE: | TELEP | HONE NUMBER: | EMPLOYER IDENTIFICA (Note: NOT Individual Social | |
| Acts of 2004, signe | ed by the buildin | ng inspector and the he | the certificate required by Chap ad of the fire department for th surance required by Chapter 1 | ie above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp. | lain) | | LOCAL LICENSING AUTI By: | HORITY |
| DATE: | | | MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ | |



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| LICENSE NUN | MBER: 003000040 | | CITY OR TOWN ARLING | TON |
|-------------------|---------------------------------------|--|---|-----------------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICENSED FOR 2 | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: ARUNO TH | IAI,INC. | | |
| DOING BUSIN | NESS A THAI MOO | ON, INC. | | |
| ADDRESS 663 | 3 MASSACHUSET | TS AVENUE | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: | REESE,KARL | TYPE OF LICENSE: | Restaurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDR | RESS: | | | |
| DESCRIPTION | PLEASE ALSO VISIT N OF LICENSED PL | T OUR WEBSITE AND ENTER YOUR REMISES: | EMAIL ADDRESS | _ |
| I hereby certify | and swear under pe | enalties of perjury that: | | |
| 1. the 1 | renewed license will | be of the same type for the | he same premises now licensed; | |
| 2. the l | licensee has complie | ed with all laws of the Cor | mmonwealth relating to taxes; and | |
| 3. the 1 | premises are now op | en for business (If not ex | plain below) | |
| SIGNED BY | Individual, F | Partner or Authorized Cor | porate Officer | |
| | | | | |
| DATE: | TELE | PHONE NUMBER: | EMPLOYER IDENTIFICA (Note: NOT Individual Social | |
| Acts of 2004, | signed by the build | ing inspector and the he | the certificate required by Chap ead of the fire department for th surance required by Chapter 11 | e above |
| Please Check Belo | ow: | | LOCAL LICENSING AUTH | IORITY |
| APPROVED: | | | By: | |
| DISAPPROVE | | | | |
| (If disapproved | capiani) | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOR | RENEWAL MUST BE FILI | ED BY LICENSEES DURING THE | MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ | 16A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 003000 | 043 | CITY OR TOWN | ARLINGTON |
|--|---|---|------------------------|
| APPLICATION FOR RENEV | WAL: Annual | LICENS | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: TURAL DOING BUSINESS A TRYS | ST | P, INC | |
| ADDRESS 689 MASSACHU | | | 00.45 |
| CITY/TOWN: ARLINGTO | | MA ZIP CODE: | 02476 |
| MANAGER: TURANO, PA | AUL TYPE OF LICENSE | ::Restaurant CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| | SO VISIT OUR WEBSITE AND ENTER YO | UR EMAIL ADDRESS | |
| APPROX 3600 SQ FT OF W 1200 SQ FT OF BASEMENT | HICH APPROX 2400 SQFT | | |
| 2. the licensee has co 3. the premises are no SIGNED BY | e will be of the same type for mplied with all laws of the Cow open for business (If not obtained the country of the Cow open for business (If not obtained the country of | Commonwealth relating to explain below) | |
| individ | ual, Partner or Authorized C | orporate Officer | |
| DATE: | ELEPHONE NUMBER: | | IDENTIFICATION NUMBER: |
| We the undersigned, attest Acts of 2004, signed by the named license and (2) the co of 2010. | building inspector and the | head of the fire departn | nent for the above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHORITY |
| DATE: | | | |



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| LICENSE NUMBER: 0030 | 00045 | CITY OR TOWN A | RLINGTON |
|---|--|------------------------------|--|
| APPLICATION FOR REN | EWAL: Annual | LICENSEI | O FOR 2013 |
| | CLASS | | YEAR |
| | AMVEER CORPORATION NJAB FINE INDIAN CUISIN ACHUSETTS AVENUE | E | |
| CITY/TOWN: ARLINGTO | | MA ZIP CODE: 0 | 2474 |
| | SPAL S. TYPE OF LICENSE | | EGORY: All Alcohol |
| EMAIL ADDRESS: | ALSO VISIT OUR WEBSITE AND ENTER YO | | All Alcohol |
| DESCRIPTION OF LICEN 150 SEAT SIDEWALK LE | ISED PREMISES: EVEL INDIAN FOOD RESTA | URANT | |
| the renewed lice the licensee has | nder penalties of perjury that: nse will be of the same type for complied with all laws of the C now open for business (If not | Commonwealth relating to tax | |
| SIGNED BY Indiv | vidual, Partner or Authorized C | Corporate Officer | |
| DATE: | TELEPHONE NUMBER: | | ENTIFICATION NUMBER: ual Social Security Number) |
| Acts of 2004, signed by th | st that we are in possession (1 the building inspector and the certificate of liquor liability | head of the fire departmen | t for the above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING By: | G AUTHORITY |
| DATE: | | | |
| | ST BE FILED BY LICENSEES DURING T | HE MONTH OF NOVEMBER (M.G.L. | . Ch. 138 \$ 16A) |



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM | MBER: 003000046 | | CITY OR TOWN | ARLINGTO |)N |
|--|-------------------------------|------------------------|-----------------------|--------------|-------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICENSED FOR 2013 | | 13 |
| | | CLASS | | \ | YEAR |
| LICENSEE NA DOING BUSIN ADDRESS 80 | | R & WINE, INC. | | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: | 02474 | |
| MANAGER: | DUGGAN,TRACEY TYPE E. | E OF LICENSE: Pac | kage Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDR | ESS: | | | | |
| | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR EM | IAIL ADDRESS | | |
| | N OF LICENSED PREMISE | | | | |
| | E STORE WITH PARKIN | | | | |
| | and swear under penalties of | | | | |
| 1. the 1 | enewed license will be of the | e same type for the | same premises now | licensed; | |
| 2. the l | icensee has complied with a | all laws of the Comn | nonwealth relating to | taxes; and | |
| 3. the p | premises are now open for b | usiness (If not expla | in below) | | |
| | | | | | |
| SIGNED BY | | | | | |
| | Individual, Partner of | or Authorized Corpo | rate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE | MIIMPED. | EMPLOYER | IDENTIFICATI | ON NUMBER: |
| | TELEFTIONE | NUMBER. | (Note: NOT Indi | | |
| | | | | | |
| DI CI I DI | | | | | |
| Please Check Belo APPROVED: | <u>w:</u> | | LOCAL LICENS | ING AUTHO | PRITY |
| DISAPPROVE | .D· | | By: | | |
| (If disapproved | | | - | | |
| ,FF | r/ | | | | |
| | | | | | |
| DATE: | | | | | |



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 00300004/ | | CITY OR TOWN ARLI | NGTON |
|---|-------------------------|-----------------------------------|--|---|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FO | OR 2013 |
| | | CLASS | | YEAR |
| | AME: SPY POND | BEER AND WINE LLC ON WINE SHOP | | |
| ADDRESS 13 | 7-137A MASSACHU | USETTS AVENUE | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: 02474 | 4 |
| MANAGER: | VENEZIA, LAWRENCE P. | TYPE OF LICENSE:P | ackage Store CATEGO | PRY: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PI | REMISES: | | |
| RETAIL SPACE | CE CONSISTING O | F ONE FLOOR APPROX | JATELY 1220 sq ft | |
| | premises are now op | en for business (If not exp | | |
| | | | | |
| DATE: | TELEI | PHONE NUMBER: | EMPLOYER IDENTI (Note: <u>NOT</u> Individual Se | FICATION NUMBER: ocial Security Number) |
| Please Check Belo APPROVED: DISAPPROVI (If disapproved | ED: | | LOCAL LICENSING AN By: | UTHORITY |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 003000048 | | CITY OR TOWN | ARLINGTO | ON |
|--|--|-----------------------------------|---------------|-----------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | CLASS | | | YEAR |
| LICENSEE NAME: ARLINGTON I | LIQUORS STORE, INC | | | |
| DOING BUSINESS A | | | | |
| ADDRESS 94 B Summer St | | | | |
| CITY/TOWN: ARLINGTON | STATE: MA | ZIP CODE: | 024174 | |
| MANAGER: | ΓΥΡΕ OF LICENSE: Pac | kage Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | | • |
| DESCRIPTION OF LICENSED PRE | | | | |
| free standing one story building with to off-set front entrance | wo retails; the larger has | a center entrance an | d the smaller | has an |
| I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied v 3. the premises are now open | of the same type for the with all laws of the Comm | nonwealth relating to | | |
| SIGNED BY Individual, Part | tner or Authorized Corpo | orate Officer | | |
| DATE: TELEPH | ONE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | ION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | |



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| LICENSE NUMBER: 00 |)3000050 | | CITY OR TOWN | ARLINGTO | JN |
|--|----------------------|------------------------|---------------------------------------|--------------------|--------------------------|
| APPLICATION FOR R | ENEWAL: | Annual | LICENS | ED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: M | IANNA HOUSE | LLC | | | |
| DOING BUSINESS A | MANNA HOUS | E | | | |
| ADDRESS 9A-9B MED | FORD STREET | Γ | | | |
| CITY/TOWN: ARLIN | GTON | STATE: MA | ZIP CODE: | 02174 | |
| MANAGER: CHOE, | SUNG JO TY | PE OF LICENSE:R | estaurant CA | TEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| PLE | ASE ALSO VISIT OUR W | VEBSITE AND ENTER YOUR | EMAIL ADDRESS | | 1 |
| DESCRIPTION OF LIC | ENSED PREMI | SES: | | | |
| RESTAURANT-SERVI | CE WILL INCL | UDE TABLE SEAT | TING AND SUSHI SEI | RVICE ARE | EA |
| I hereby certify and swea | ar under penaltie | s of perjury that: | | | |
| 1. the renewed | license will be of | the same type for the | ne same premises now l | icensed; | |
| 2. the licensee h | nas complied with | h all laws of the Con | nmonwealth relating to | taxes; and | |
| 3. the premises | are now open for | r business (If not exp | olain below) | | |
| SIGNED BY | ndividual, Partne | r or Authorized Cor | porate Officer | | |
| DATE: | TELEPHON | NE NUMBER: | EMPLOYER I (Note: <u>NOT</u> Indiv | | ION NUMBER: |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. | the building in | spector and the he | ad of the fire departm | ent for the | above |
| Please Check Below: | | | LOCAL LICENSI | NG AUTH(| ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved explain) | | | | | |
| | | | | | |
| DATE: | | | - | | |
| APPLICATION FOR RENEWAL | MUST BE FILED BY | LICENSEES DURING THE | MONTH OF NOVEMBER (M.C | G.L. Ch. 138 \$ 16 | jA) |



www.mass.gov/abcc

| LICENSE NU | MBER: 003000051 | | CITY OR TOWN | 1 ARLINGT | ON |
|------------------|---------------------------------------|---|---------------------|---------------------|-------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICE | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE N | AME: WINCHESTI | ER COUNTRY CLUB | | | |
| DOING BUSI | NESS A WINCHEST | TER COUNTRY CLUB S | SPORTS CENTER | | |
| ADDRESS 46 | 8 MYSTIC AVE. | | | | |
| CITY/TOWN | : ARLINGTON | STATE: MA | ZIP CODE: | 02474 | |
| MANAGER: | GRANDON, CHARLES A.III | TYPE OF LICENSE: CI | ub (| CATEGORY: | All Alcohol |
| EMAIL ADDI | RESS: | | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR F | EMAIL ADDRESS | | _ |
| DESCRIPTIO | N OF LICENSED PR | EMISES: | | | |
| SPORTS ANI | TENNIS CENTER | BISTRO AND VIEWING | DECK | | |
| I hereby certify | y and swear under per | nalties of perjury that: | | | |
| 1. the | renewed license will | be of the same type for the | e same premises nov | w licensed; | |
| 2. the | licensee has complied | d with all laws of the Com | monwealth relating | to taxes; and | |
| 3. the | premises are now ope | en for business (If not exp | lain below) | | |
| SIGNED BY | Individual, Pa | artner or Authorized Corp | orate Officer | | |
| | | | | | |
| DATE: | TELEP | PHONE NUMBER: | | ER IDENTIFICAT | |
| Acts of 2004, | signed by the building | re are in possession (1) the ng inspector and the hea ate of liquor liability ins | d of the fire depar | tment for the | above |
| Please Check Bel | | | LOCAL LICEN | SING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVI | · · · · · · · · · · · · · · · · · · · | | | | |
| (If disapprove | u expiaiii) | | | | |
| | | | | | |
| DATE: | | | | | |
| APPLICATION FOI | R RENEWAL MUST BE FILE | D BY LICENSEES DURING THE N | MONTH OF NOVEMBER (| M.G.L. Ch. 138 \$ 1 | 6A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 003000052 | (| CITY OR TOWN | ARLINGTON |
|--|--|--|---|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: CEDRONE RESTAU | URANT INC. | | |
| DOING BUSINESS A SCUTRA RESTAU | JRANT | | |
| ADDRESS 92 SUMMER STREET | | | |
| CITY/TOWN: ARLINGTON | STATE: MA | ZIP CODE: | 02476 |
| MANAGER: CEDRONE- BAUGNIET TYPE | E OF LICENSE: Resta | urant CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT OUR WEB | | IL ADDRESS | |
| DESCRIPTION OF LICENSED PREMISE | | | |
| ONE STORY BUILDING- UPSCALE RES | | | |
| I hereby certify and swear under penalties of the renewed license will be of the | | ame premises now | licensed: |
| 2. the licensee has complied with a | | _ | |
| 3. the premises are now open for b | | • | |
| | | | |
| | | | |
| SIGNED BY | | , | |
| | r Authorized Corpora | | |
| | | | |
| Individual, Partner o | | | |
| | r Authorized Corpora | ate Officer EMPLOYER | IDENTIFICATION NUMBER: |
| Individual, Partner o | r Authorized Corpora | ate Officer EMPLOYER | IDENTIFICATION NUMBER: ividual Social Security Number) |
| Individual, Partner o | NUMBER: n possession (1) the oector and the head o | EMPLOYER (Note: NOT Ind | ed by Chapter 304 of the nent for the above |
| DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li | NUMBER: n possession (1) the oector and the head o | EMPLOYER (Note: NOT Independence required by the fire department of | ed by Chapter 304 of the nent for the above |
| Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: | NUMBER: n possession (1) the oector and the head o | EMPLOYER (Note: NOT Independence required by the fire department of | ed by Chapter 304 of the nent for the above Chapter 116 of the Acts |
| DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED: | NUMBER: n possession (1) the oector and the head o | EMPLOYER (Note: NOT Indecertificate required from the fire department of the fire departmen | ed by Chapter 304 of the nent for the above Chapter 116 of the Acts |
| Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: | NUMBER: n possession (1) the oector and the head o | EMPLOYER (Note: NOT Indecertificate required from the fire department of the fire departmen | ed by Chapter 304 of the nent for the above Chapter 116 of the Acts |
| DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED: | NUMBER: n possession (1) the oector and the head o | EMPLOYER (Note: NOT Indecertificate required from the fire department of the fire departmen | ed by Chapter 304 of the nent for the above Chapter 116 of the Acts |



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| LICENSE NUMBER: | 003000053 | | CITY OR TOWN ARLINGT | ON |
|--|--|---|---|---|
| APPLICATION FOR | RENEWAL: | Annual | LICENSED FOR 2 | 013 |
| | | CLASS | | YEAR |
| DESCRIPTION OF LONE ROOM WITH KEMERGENCY EXIT I hereby certify and sw 1. the renewer | A PASHA TURKISH SSACHUSETTS AV NGTON DEMIR,HALIT TYPE LEASE ALSO VISIT OUR WEBS ICENSED PREMISE GITCHEN IN THE RI TO REAR;STORAG Wear under penalties of | MEDITERRANEA E STATE: MA COF LICENSE: Res SITE AND ENTER YOUR EN CS: EAR; MAIN ENTRA EE AND OFFICE IN f perjury that: e same type for the | ZIP CODE: 02476 taurant CATEGORY: MAIL ADDRESS ANCEON MASS. AVE.AND | |
| | es are now open for bu | usiness (If not expla | in below) | |
| Acts of 2004, signed | TELEPHONE , attest that we are in by the building insp | NUMBER: n possession (1) the ector and the head | EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social and the certificate required by Chapter 11 of the fire department for the trance required by Chapter 11 of the fire department for the trance required by Chapter 11 of the fire department for the trance required by Chapter 11 of the fire department for the trance required by Chapter 11 of the fire department for the trance required by Chapter 11 of the fire department for the transfer of the fire department for the transfer of the fire department for the | security Number) ter 304 of the e above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai | n) | | LOCAL LICENSING AUTH By: | ORITY |
| DATE: | | | | |



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| LICENSE NU | MBER: 003000054 | | CITY OR TOWN ARLING | TON |
|-------------------------|-------------------------|----------------------------|--|-------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| LICENSEE N. | AME: TYK GROUP | INC. | | |
| DOING BUSI | NESS A TOM YUM | KOONG II | | |
| ADDRESS 13 | 77 MASSACHUSET | ΓS AVENUE | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: | WHITE, JONATHAN | TYPE OF LICENSE: F | Restaurant CATEGORY | : Wine and Malt Regular |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | R EMAIL ADDRESS | |
| | N OF LICENSED PR | EMISES: | | |
| LOCATED A | Γ 1377 MASS AVE | | | |
| • | y and swear under pen | | | |
| | | • • | he same premises now licensed; | |
| | • | | mmonwealth relating to taxes; and | 1 |
| 3. the | premises are now ope | en for business (If not ex | plain below) | |
| SIGNED BY | | | | |
| SIGNED BT | Individual, Pa | artner or Authorized Cor | porate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEP | HONE NUMBER: | EMPLOYER IDENTIFICA | ATION NUMBER: |
| | | | (Note: NOT Individual Social | Security Number) |
| We the under | rsioned attest that w | e are in nossession (1): | the certificate required by Chap | oter 304 of the |
| Acts of 2004, | signed by the building | ng inspector and the he | ead of the fire department for th | ie above |
| named licensor of 2010. | e and (2) the certifica | ite of liquor liability in | surance required by Chapter 1 | 16 of the Acts |
| Please Check Bel | ow. | | LOCAL LICENSING COM | (IODIEN) |
| APPROVED: | <u>ow.</u> | | LOCAL LICENSING AUTI | HORITY |
| DISAPPROVI | ED: | | By: | |
| (If disapproved | d explain) | | | |
| | | | | |
| DATE | | | | |
| DATE: | | | | |
| APPLICATION FOR | R RENEWAL MUST BE FILEI | D BY LICENSEES DURING THE | E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ | 16A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0 | 03000055 | | Cľ | TY OR TOW | N ARLINGT | ON |
|--|---|----------------|--------------|------------------|---------------------|--------------------------|
| APPLICATION FOR R | ENEWAL: | Annu | al | LICI | ENSED FOR 20 | 013 |
| | | CLAS | SS | | | YEAR |
| LICENSEE NAME: JUDOING BUSINESS A ADDRESS 196 MASSA | LITTLE Q HOT PC | OT AND SZ | ECHUAN | HOUSE | | |
| CITY/TOWN: ARLIN | | STATE: | MA | ZIP CODE: | 02474 | |
| MANAGER: ZHU, M | | OF LICEN | | | CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |] |
| PLE | ASE ALSO VISIT OUR WEBS | ITE AND ENTER | YOUR EMAIL | ADDRESS | | _ |
| DESCRIPTION OF LIC | CENSED PREMISE | S: | | | | |
| APPROX 2000 SF WIT | TH DINING ROOM, | , KITCHEN | AND RES | STROOM | | |
| I hereby certify and swe | ar under penalties of | f perjury tha | t: | | | |
| 3. the premises SIGNED BY | has complied with al are now open for bu | usiness (If no | ot explain b | pelow) | g to taxes; and | |
| DATE: | TELEPHONE | | Corporate | | YER IDENTIFICAT | TION NUMBER: |
| | TELEI HONE | NOWIDER. | | | Individual Social S | |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. | y the building inspe | ector and th | e head of | the fire depa | rtment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | | | OCAL LICE By: | NSING AUTH | ORITY |
| DATE: | | | - | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 103000056 | | CITY OR TO | WN ARLINGT | ON |
|---|---------------------|--------------------------|--------------------|--|-------------------|
| APPLICATION FOR R | RENEWAL: | Annual | LI | CENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: I | DEEPNA, INC. | | | | |
| DOING BUSINESS A | ACITRON | | | | |
| ADDRESS 473 MASS | .AVE. | | | | |
| CITY/TOWN: ARLIN | IGTON | STATE: MA | ZIP COD | E: 02476 | |
| MANAGER: HULE, | PRAKASH T | YPE OF LICENSE: Re | estaurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PLI | EASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR I | EMAIL ADDRESS | | |
| DESCRIPTION OF LI | | | | | |
| FIRST FL. AND BASE ENT.ON MASS.AVE. | | | | | |
| APPROX.1,740 SQ. FI | | | | | |
| I hereby certify and swe | ear under penalti | es of perjury that: | | | |
| 1. the renewed | license will be o | of the same type for the | e same premises | now licensed; | |
| 2. the licensee | has complied wi | th all laws of the Com | monwealth rela | ting to taxes; and | |
| 3. the premises | are now open for | or business (If not exp | lain below) | | |
| | | | | | |
| SIGNED BY | | | G 40 | | |
|] | Individual, Partn | er or Authorized Corp | orate Officer | | |
| | | | | | |
| DATE: | | | | | |
| DATE. | TELEPHO | NE NUMBER: | | OYER IDENTIFICAT DT Individual Social S | |
| | | | (c.ssa. <u>-13</u> | marviduur Social S | reality (valides) |
| We the undersigned, | | | | | |
| Acts of 2004, signed be named license and (2) | | | | | |
| of 2010. | | | | a ay campan an | |
| Please Check Below: | | | LOCAL LIC | CENSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved explain |) | | | | |
| | | | | | |
| DATE: | | | - | | |
| DATE. | | | - | | |



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| (| CITY OR TOWN ARLING | ION |
|----------------------------|---|--|
| Annual | LICENSED FOR | 2013 |
| CLASS | | YEAR |
| | | |
| ERN | | |
| | | |
| STATE: MA | ZIP CODE: 02476 | |
| PE OF LICENSE: Resta | aurant CATEGORY | : All Alcohol |
| | | |
| /EBSITE AND ENTER YOUR EMA | AIL ADDRESS | <u></u> |
| SES: | | |
| | | |
| s of perjury that: | | |
| the same type for the s | ame premises now licensed; | |
| n all laws of the Commo | onwealth relating to taxes; and | l |
| business (If not explain | n below) | |
| r or Authorized Corpor | ate Officer | |
| NE NUMBER: | | |
| spector and the head | of the fire department for th | e above |
| | LOCAL LICENSING AUTH | HORITY |
| | By: | |
| | | |
| | | |
| | | |
| | | |
| LICENSEES DURING THE MO | NTH OF NOVEMBER (M.G.L. Ch. 138 \$ | 16A) |
| | Annual CLASS ERN STATE: MA PE OF LICENSE: Resta EBSITE AND ENTER YOUR EMA SES: s of perjury that: It he same type for the s in all laws of the Common or business (If not explain r or Authorized Corporate Number: The NUMBER: The in possession (1) the spector and the head of liquor liability insurate. | Annual CLASS ERN STATE: MA ZIP CODE: 02476 PE OF LICENSE: Restaurant CATEGORY EBSITE AND ENTER YOUR EMAIL ADDRESS SES: s of perjury that: the same type for the same premises now licensed; and all laws of the Commonwealth relating to taxes; and to business (If not explain below) or or Authorized Corporate Officer EMPLOYER IDENTIFICA (Note: NOT Individual Social et in possession (1) the certificate required by Chapter 13 LOCAL LICENSING AUTHOLOGICAL LICENSING AUTHOLOGICAL ELOCAL LICENSING AUTHOLOGICAL ELOCAL ELOCAL ELOCAL ELOCAL ELOCAL ELOCAL LICENSING AUTHOLOGICAL ELOCAL |



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| LICENSE NU | MBER: 003000058 | | CITY OR TOWN ARLING | ION |
|------------------|-------------------------|----------------------------|--|-------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| LICENSEE N. | AME: 202 COMELL | A'S LLC | | |
| DOING BUSI | NESS A COMELLA'S | S | | |
| ADDRESS 20 | 2 MASSACHUSETTS | S AVENUE | | |
| CITY/TOWN: | : ARLINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: | FITZGERALD, DEVIN | TYPE OF LICENSE: R | Restaurant CATEGORY | : Wine and Malt Regular |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT O | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PR | EMISES: | | |
| CORNER BR | ICK FRONT STORE | | | |
| I hereby certify | y and swear under pena | alties of perjury that: | | |
| 1. the | renewed license will b | e of the same type for the | ne same premises now licensed; | |
| | • | | nmonwealth relating to taxes; and | |
| 3. the | premises are now open | n for business (If not exp | plain below) | |
| SIGNED BY | Individual, Pa | artner or Authorized Cor | porate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPI | HONE NUMBER: | EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social | |
| Acts of 2004, | signed by the buildin | ng inspector and the he | the certificate required by Chap ad of the fire department for th surance required by Chapter 11 | e above |
| Please Check Bel | ow: | | LOCAL LICENSING AUTI | HORITY |
| APPROVED: | | | By: | |
| DISAPPROVI | | | | |
| (If disapprove | a explain) | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOI | R RENEWAL MUST BE FILED | BY LICENSEES DURING THE | MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ | 16A) |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU. | MBER: 003000059 | | CITY OR TOWN ARLING | TION |
|---|----------------------------------|------------------------------|--|----------------|
| APPLICATIO | N FOR RENEWAL | : Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| | AME: EPW, LLC NESS A THE MEA | T HOUSE | | |
| ADDRESS 13 | 98 MASSACHUSE | TTS AVE | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: | GUESSETTO, MATT | TYPE OF LICENSE: P | ackage Store CATEGORY | Y: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISI | T OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| | N OF LICENSED P CHER SHOP COM | | ITH FRONT & REAR ENTRA | NCES |
| 2. the | licensee has complie | | ne same premises now licensed; nmonwealth relating to taxes; an plain below) | d |
| SIGNED BY | Individual, | Partner or Authorized Cor | porate Officer | |
| DATE: | TELE | PHONE NUMBER: | EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia | |
| Please Check Belo APPROVED: DISAPPROVI (If disapproved | ED: | | LOCAL LICENSING AUT By: | HORITY |
| DATE: | | | | |



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 003000060 | | CITY OR TOWN ARLING | TON |
|------------------|--------------------------|-----------------------------|-------------------------------------|--------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| LICENSEE N | AME: MYSTIC WINE | SHOPPE, LLC | | |
| DOING BUSI | NESS A MYSTIC WIN | E SHOPPE | | |
| ADDRESS 90 | 01 MASSACHUSETTS A | AVE | | |
| CITY/TOWN | : ARLINGTON | STATE: MA | ZIP CODE: 02476 | |
| MANAGER: | WOODWARD, T MICHAEL | YPE OF LICENSE: Pac | ckage Store CATEGORY | : All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT OUI | R WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| | N OF LICENSED PREM | | | |
| 25,000 SQ.FT | . RETAIL SHOP-ONE I | LEVEL | | |
| I hereby certify | y and swear under penalt | ies of perjury that: | | |
| 1. the | renewed license will be | of the same type for the | same premises now licensed; | |
| 2. the | licensee has complied w | rith all laws of the Comr | nonwealth relating to taxes; and | d |
| 3. the | premises are now open | for business (If not expla | ain below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, Part | ner or Authorized Corpo | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHO | ONE NUMBER: | EMPLOYER IDENTIFICA | |
| | | | (Note: <u>NOT</u> Individual Social | l Security Number) |
| | | | | |
| Please Check Bel | low: | | LOCAL LICENSING AUT | HORITY |
| APPROVED: | | | By: | |
| DISAPPROVI | | | | |
| (If disapprove | d explain) | | | |
| | | | | |
| DATE: | | | | |
| | | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 003000061 | | CITY OR TO | WN ARLINGT | ON | |
|-------------------------------|------------------------|---|---|------------------|--------------------------|--|
| APPLICATIO | N FOR RENEWAL: | Annual | LIC | CENSED FOR 20 | 013 | |
| | | CLASS | | | YEAR | |
| LICENSEE N. | AME: FRAIMAN EI | NTERPRISES INC | | | | |
| DOING BUSI | NESS A THE CAPIT | OL THEATRE | | | | |
| ADDRESS 20 | 4 MASSACHUSETTS | SAVE | | | | |
| CITY/TOWN: | ARLINGTON | STATE: MA | ZIP CODE | E: 02476 | | |
| MANAGER: | FRAIMAN, RICHARD | TYPE OF LICENSE: Ger | neral on mise | CATEGORY: | Wine and Malt Regular | |
| EMAIL ADDI | RESS: | | | | | |
| | PLEASE ALSO VISIT (| OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | | | |
| - | N OF LICENSED PR | | | | | |
| ENTRANCE (| | VIE THEATRE WITH 6 S IER EXITS ARE END OF / THEATRE AREA | | | | |
| I hereby certify | y and swear under pen | alties of perjury that: | | | | |
| 1. the | renewed license will b | be of the same type for the | same premises | now licensed; | | |
| 2. the | licensee has complied | with all laws of the Comn | nonwealth relati | ng to taxes; and | | |
| 3. the | premises are now ope | n for business (If not expla | nin below) | | | |
| | | | | | | |
| SIGNED BY | Individual, Pa | artner or Authorized Corpo | rate Officer | | | |
| | | | | | | |
| | | | | | | |
| DATE: | TELEP | PHONE NUMBER: EMPLOYER IDENTIFY | | | IFICATION NUMBER: | |
| | | | (Note: NOT Individual Social Security Nur | | | |
| Acts of 2004, | signed by the buildir | e are in possession (1) the ag inspector and the head te of liquor liability insu | l of the fire dep | partment for the | above | |
| Please Check Belo | | | LOCAL LIC | ENSING AUTH | ORITY | |
| APPROVED: | | | By: | | | |
| DISAPPROVI (If disapproved | | | | | | |
| (11 disappioved | a explain) | | | | | |
| | | | | | | |
| DATE: | | | | | | |